

Alabama Board of Nursing and Alabama Board of Medical Examiners

**PEDIATRIC ACUTE CARE
CERTIFIED REGISTERED NURSE PRACTITIONER**

**Standard Protocol (Collaborative Practice)
Core Duties and Scope of Practice**

1. The certified registered nurse practitioner (CRNP) may work in any setting consistent with the collaborating physician's areas of practice and function within the CRNP's specialty scope of practice. The CRNP's scope of practice shall be defined as those functions and procedures for which the CRNP is qualified by formal education, clinical training, area of certification, and experience to perform.
2. The following core skills, functions, and formulary are part of the standard protocol which may be performed by the CRNP:
 - A. Arrange inpatient admissions, transfers and discharges in accordance with established guidelines/standards developed within the collaborative practice; perform rounds and record appropriate patient progress notes; compile detailed narrative and case summaries; complete forms pertinent to patients' medical records.
 - B. Perform complete, detailed, and accurate health histories, review patient records, develop comprehensive medical and nursing status reports, and order laboratory, radiological, and diagnostic studies appropriate for complaint, age, race, sex, and physical condition of the patient.
 - C. Perform comprehensive physical examinations and assessments.
 - D. Formulate medical and nursing diagnoses and institute therapy or referrals of patients to the appropriate health care facilities and/or agencies; and other resources of the community or physician.
 - E. Plan and initiate a therapeutic regimen which includes ordering legend drugs, medical devices, nutrition, and supportive services in accordance with established protocols and institutional policies.
 - F. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning, and allergic reactions. In emergencies, initiate mechanical ventilatory support and breathing, if indicated.
 - G. Interpret and analyze patient data and results of laboratory and diagnostic tests.
 - H. Provide instructions and guidance regarding health care and health care promotion to patients, family and significant others.
3. In addition to functions and procedures within basic RN scope of practice, the collaborating physician and CRNP determine whether a procedure on the protocol is necessary for their collaborative practice site(s). The physician must be qualified to provide medical direction for the procedure; the CRNP who lacks current proficiency is responsible and accountable for obtaining sufficient education, guidance and/or supervision for safe practice prior to performing a procedure. The CRNP should have on file the documented training, education, and competency validation for all of the skills/procedures listed below and agreed upon with the collaborating physician, which include, but are not limited to, the following Standard Skill/Procedure Protocol:

The skills, functions, and formulary taught in Nurse Practitioner (NP) academic education do not require individual documentation.

The collaborating physician and CRNP may document and validate that the NP has received: education, training, and competency (to include demonstrated competency with respect to specialty legend drugs) to comply with the rules and regulations pertaining to the CRNP's duties and physician's collaborative practice.

ABN: Pediatric Acute Care CRNP

The documentation and signatures below indicate: the skills and procedures previously acquired and proficiently performed and the specialty legend drugs approved in this collaborative practice.

Standard Skill and Formulary Protocols (* Indicates RN Practice)	Physician Initials indicate Skill and Formulary Protocols Allowed at Practice Site		Education and Competency Validation ✓ or Date = Previous Validation N/A = Not Applicable		
	Permitted (Yes)	Not Allowed (NO)	Basic NP Education	Previous Validation	Instruction to be Scheduled
Abscess - Incision, Drainage and care of					
Administering local anesthetic agents					
Arterial Lines, Insertion of Radial					
Audiometry / Audiogram, Interpretation of					
*Baclofen Intrathecal Pump, Refill					
Bartholin Gland, I & D cyst; placement of Word catheter					
Bimanual pelvic exam					
Biopsies (Skin) Shave/Punch: Allowed to perform shave excisions/biopsies not to exceed 5mm in diameter and not below the level of the full dermis. If on anatomically sensitive areas such as, eyes and ears must be evaluated by a physician prior to treatment. On other areas of the body, limited to a depth which can be closed with a simple single layer closure					
*Bone Marrow Aspiration / Biopsy (Iliac Crest)					
*Cast application and removal					
*Chest Tube/Pleural Cath removal					
Cryotherapy of non-pigmented superficial lesions – allowed to perform on the face, only on skin lesions not to exceed 5 mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as the eyes, must be evaluated by the physician prior to treatment.					
Digital Nerve Block proximal and distal phalangeal					
Echocardiography, Technical Component					
*EKG 12 Lead interpretation with subsequent physician interpretation					
*External Cardiac Pacing					

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	Permitted (Yes)	Not Allowed (NO)	Basic NP Education	Previous Validation	Instruction to be Scheduled
*First and Second assistant in surgery					
Foreign Body removal					
*Hemapheresis, Stem Cell collection and Leukopheresis					
Initial x-ray interpretation with subsequent physician interpretation					
*Intrathecal Admin of Chemotherapy Via Omayo Reservoir					
Laser Protocols for Non-Ablative Treatment					
Lumbar Puncture					
Nasal Cautery with Silver Nitrate Applicator for Epistaxis					
Nasal Packing, Anterior for Control of Epistaxis					
Pelvic Floor Rehab with Electrical Stimulation and Biofeedback					
Pulmonary Spirometry, Interpretation of					
Removal of Benign Lesions after Physician Evaluation					
Removal of Skin Tags					
Suturing of superficial lacerations					
Total Parenteral Nutrition (TPN) Initiation not to include writing the formula					
Tympanogram with Interpretation and Treatment					
*Vagal Nerve Stimulator, Interrogation With and Without Voltage Adjustment					
Wet mount microscopy and interpretation of vaginal swab and microscopic urinalysis					
Specialty Legend Drugs authorized for use within the scope of the collaborative practice specialty	NOTE: The Initial dose must be prescribed by a physician, with authorization to prescribe maintenance doses, according to written protocol or direct order of the physician.				
Antineoplastic Agents					

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	Permitted (Yes)	Not Allowed (NO)	Basic NP Education	Previous Validation	Instruction to be Scheduled
Oxytocics for CRNP					
Radioactive Agents					
Non-Biologic disease - modifying Anti- Rheumatic Drugs (DMARDS)					
Biologic or Biosimilar DMARDS and Anti- tumor necrosis factor drugs (anti-TNF)					
Other Biologics or Biosimilars (excluding Anti-TNF)					

- Additional specialty skills may be requested for the CRNP (i.e., diagnostic or therapeutic Skill and Formulary requiring additional training, monitoring, and/or onsite physician availability), as provided in ABN Administrative Code Chapter 610-X-5-.11(3). The protocols are determined by the practice site and specialty certification. They are available on the Advanced Practice section of the ABN website.
- The signatures below indicate the Standard Protocol Agreement for this collaborative practice and define the skills and specialty legend drugs the collaborative physician has approved for the collaboration with this CRNP.

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Standard skills, functions, and formulary is correct to the best of our knowledge and belief. We understand that we are jointly and individually responsible for complying with the rules and regulations pertaining to CRNP and the collaborative practice of CRNP with physicians.

Print Collaborating Physician Name

Signature of Collaborating Physician

Date

Print Name of CRNP

Signature of CRNP

Date

Note: A copy of this Agreement should be on file at the Practice site.